



PLAZA JR, BENJAMIN 6/29/08  
 SEX: M AGE: 0 DOB: 10/05/1982  
 ER E. EMERGENCY ROOM  
 ATTE: YNG, HAMILTON, PAUL  
 MRN: 00079155 ACCOUNT # 300479155

Plaza Jr  
 Benjamin  
 Q794825  
 QB300479155  
 \*Auth for ED Care/Finance  
 Sun Jun 29, 2008 23:44  
 Page 001

### AUTHORIZATION FOR EMERGENCY DEPARTMENT CARE

I, the undersigned, request and authorize The Mount Sinai Hospital of Queens, its Professional Staff, Employee and Medical Dental Staff, to administer Emergency Department care including medical and/or surgical care, such as diagnostic test and procedures, including diagnostic x-rays, and to complete such routine therapeutic procedures, including the administration of blood or blood derivatives, drugs or the medications as in the judgment of the practitioner(s), as deemed necessary or advisable in the care of the patient registered for the treatment.

Date: 6/29/08 Time: 11:38AM

Patient/Guardian/Other: *[Signature]* Print Full Name: Rel:

Witness: *[Signature]* Signature: Print Full Name:

### FINANCIAL AGREEMENT/GUARANTEE OF PAYMENT/AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I understand that the professional fee for the physician services, is not included as part of the Mount Sinai Hospital of Queens inpatient or outpatient charges. This includes: hospital physicians, Emergency Room physicians, Health Center physicians, and physicians who may be called in for consultation.

In consideration of the services, assigned of the benefits and the hospital and the professional care rendered, I agree that I am responsible for any and all charges billed by the hospital and physicians with respect to such services and care, unless the contract between the hospital, the physicians and my insurance company provides otherwise.

I authorize payment of medical benefits, to which I am entitled, directly to the hospital, physician, or practice group, to cover the costs of services rendered to myself or my dependents at the Mount Sinai Hospital of Queens.

I authorize The Mount Sinai Hospital of Queens, my treating physician and their respective designees to use & disclose my health information for all necessary treatment, payment and healthcare operation purposes. I authorize the Mount Sinai Hospital of Queens to release all or any part of the indicated patient's medical record to any requesting medical practitioner for further diagnosis, care or treatment, or to any person or corporation, which may be liable under a contract to the hospital or to the patient, or to a family member or employer of the patient, which may be necessary for the completion of my hospitalization claims, and/or payment of my hospital bill to, but not limited to, patient's employer. I hereby authorize and direct the Mount Sinai Hospital of Queens, to release personal identifying information as may be required under Federal, State City, or Local Law. I hereby release the Mount Sinai Hospital of Queens from all legal liability that may arise from the release of the information requested.

Date: 6/29/08 Time: 11:38AM

Patient/Guardian/Other: *[Signature]* Print Full Name: Rel:

Witness: *[Signature]* Signature: Print Full Name:

| The Mount Sinai<br>Hospital<br>of Queens               |  | REGISTRATION FACE SHEET E - EMERGENCY ROOM      |  |  |                               |  |                                |  |                       |                     |  |
|--|--|---|--|--|-------------------------------|--|--------------------------------|--|-----------------------|---------------------|--|
| A Division of Mount Sinai Hospital                     |  | 35-10 30th Avenue<br>Long Island City, NY 11106 |  | CLERK<br>NO  | MEDICAL RECORD #<br>000794525 |  |                                | LAST #<br>300479155  | ADMIT DATE<br>8/28/08 |                     |  |
| PATIENT NAME<br>LARRY, FIRST, MI<br>PLAZA JR, BENJAMIN |  | DATE OF BIRTH<br>10/08/1982                     |  | AGE<br>025   | SEX<br>M                      | MR<br>S  | RELIGION<br>CA                 | ARRIVAL MODE<br>3 - OTHE   | RACE<br>W             | ADMIT HOUR<br>23:11 |  |
| STREET ADDRESS<br>19 88 76TH ST                        |  | APT.<br>APT C2                                  |  | HOME TELEPHONE<br>(646)802-7884                                  |                               |  | SOCIAL SECURITY<br>12D-68-3305 |  |                       |                     |  |
| CITY<br>EAST ELMHURST                                  |  | ST<br>NY  | ZIP CODE<br>11370                                  | OCCUPATION   |                               |  | BIRTH PLACE<br>USA             |  |                       |                     |  |
| EMPLOYER (SCHOOL IF STUDENT)<br>SWISS PORT USA         |  | ADDRESS   |  | CITY   |                               |  | ST                             | BUSINESS TELEPHONE   |                       |                     |  |
| INSURANCE #1<br>BLUE CROSS NY PRO                      |  | POLICY HOLDER<br>PLAZA JR, BENJAMIN             |  | REL<br>01  | GROUP NO.<br>01501            | POLICY NO.<br>5WPB13M60481   |                                |  |                       |                     |  |
| EMPLOYER<br>SWISS PORT USA                             |  | ADDRESS   |  | CITY   |                               |  | ST                             | BUSINESS TELEPHONE   |                       |                     |  |
| INSURANCE #2   |  | POLICY HOLDER                                   |  | REL  | GROUP NO.                     | POLICY NO.   |                                |  |                       |                     |  |
| EMERGENCY NOTIFICATION<br>PLAZA                        |  |   |  | RELATIONSHIP<br>1B - PAREN                                       |                               | HOME TELEPHONE<br>(917)578-4083                                    |                                | BUSINESS TELEPHONE   |                       |                     |  |
| NEXT OF KIN<br>PLAZA, BENJAMIN                         |  |   |  | RELATIONSHIP<br>1B - PAREN                                       |                               | HOME TELEPHONE<br>(917)578-4083                                    |                                | BUSINESS TELEPHONE   |                       |                     |  |
| NEXT OF KIN ADDRESS                                    |  | CITY  |  | ST   | ZIP CODE                      |  |                                |  |                       |                     |  |
| PRIMARY LANGUAGE SPOKEN<br>ENGLISH                     |  | TRANSLATOR<br>NEEDED                            | PHYSICIAN CASE PHYSICIAN<br>004478 - NOT AVAILABLE |  |                               |  | POP PHONE #                    |  |                       |                     |  |
| ATTENDING PHYSICIAN<br>HAMILTON, PAUL                  |  | PAS<br>004478                                   | ADMITTING DIAGNOSIS<br>JAN FX                      |  |                               | AGE/CM<br>12   | P/C<br>12                      | PATIENT ORIGIN   |                       |                     |  |
| DISCHARGE DATE   |  | EXPECTED ADMIT DATE                             |  | BADGE #  |                               |  | ROOM / BED<br>ER               |  |                       |                     |  |
| HIPAA INFORMATION                                      |  |   |  | PROCEDURES   |                               | PAS  |                                | DATE   |                       | ICD-9-CM            |  |
| PH ACCESS PASSWORD                                     |  |   |  | 1.   |                               |  |                                |  |                       |                     |  |
| PH CONTACT 1<br>PLAZA, BENJAMIN                        |  | PH TELEPHONE 1<br>(917)578-4083                 |  | 2.   |                               |  |                                |  |                       |                     |  |
| PH CONTACT 2   |  | PH TELEPHONE 2                                  |  | 3.   |                               |  |                                |  |                       |                     |  |
| PH CONTACT 3   |  | PH TELEPHONE 3                                  |  | 4.   |                               |  |                                |  |                       |                     |  |
| PH CONTACT 4   |  | PH TELEPHONE 4                                  |  | 5.   |                               |  |                                |  |                       |                     |  |
| PH CONTACT 5   |  | PH TELEPHONE 5                                  |  | 6.   |                               |  |                                |  |                       |                     |  |
| DIRECTORY<br>ACCESS<br>ALLOWED                         |  | Y   | CLERK<br>ACCESS<br>ALLOWED                         | Y  | 7.                            |  |                                |  |                       |                     |  |
| INSTRUCTIONS   |  |   |  | 8.   |                               |  |                                |  |                       |                     |  |
| COMMENTS   |  |   |  |  |                               |  |                                |  |                       |                     |  |
| 03/28/2008 EMERGENCY ROOM PRASAD, RAJIV                |  |   |  |  |                               |  |                                |  |                       |                     |  |
| 02/05/2008 EMERGENCY ROOM PRASAD, RAJIV                |  |   |  |  |                               |  |                                |  |                       |                     |  |
| CONSULTATIONS: 1                                       |  | 2   | 3  | 4  | 5                             | 6  | 7                              | INFECTION<br>Y <input type="checkbox"/> N <input type="checkbox"/> |                       |                     |  |
| EXPIRED IN # HRS <input type="checkbox"/>              |  | OVER # HRS <input type="checkbox"/>             |  | AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/> |                               | M.E. CASE YES <input type="checkbox"/> NO <input type="checkbox"/> |                                | CASE #   |                       |                     |  |

Plaza Jr  
Benjamin  
Q794825  
QB300479155  
\*Face Sheet  
Sun Jun 29, 2008 23:44  
Page 001

Plaza Jr  
Benjamin  
Q794825  
QB300479155  
Transfer Out Documents  
Mon Jun 30, 2008 02:39  
Page 001

HOSPITAL CODE OF THE STATE OF NEW YORK -  
CHAPTER V - SECTION 732.6 ADMITTING DEPT.  
SECTION (J) AS AMENDED 1/31/69

Plaza Jr  
Benjamin  
Q794825  
QB300479155  
Transfer Out Documents  
Mon Jun 30, 2008 02:39  
Page 002

CONSENT FOR TRANSFER TO ANOTHER FACILITY

I, the undersigned, certify that Plaza Jr, Benjamin  
has consented to be transferred from Mount Sinai Hospital of Queens, Inc. to MSM  
for receiving facility  
I have been fully informed of the reasons, implications, and necessity of such a transfer. I acknowledge that I have been fully informed of the risks and consequences involved in transfer and I assume all such risks for (myself) (for the patient).  
I hereby release Mount Sinai Hospital of Queens, its governing body, officers, trustees, directors, agents, appointees, employees, and medical staff from all responsibility and any liability for injuries, damages or adverse effects of results, including any deterioration in my (patient's) physical condition or other ill effects which the said patient may suffer because of this transfer.  
I acknowledge the above has been fully explained to me (patient) by Dr. CHANDON  
Date: June 30, 2008  
Patient/Guardian/other [Signature]  
signature  
Witness [Signature]  
signature  
physician's signature [Signature]  
print full name Dr. CHANDON  
print full name

No person presented for medical care shall be removed, transferred or discharged for the purpose of effecting a transfer from a hospital unless such removal or transfer is carried out after written certification by a physician that such will not create a medical hazard to the person or is considered to be in the person's best interest despite the potential hazard of movement. Such a removal or transfer shall be made only after prior notification to an appropriate medical facility.

\*Administrative Code of the City of New York  
587.1.0 TRANSFER AND REMOVAL OF PATIENTS \*

- It shall be unlawful for any superintendent or other in authority in any hospital in the City to order the removal from such hospital of any patient, while such patient is in a dangerously sick precarious condition, except good cause shows and upon the written certificate to that effect of the attending physician or surgeon, or in their absence, of the senior member of the house staff.
- Such certificate shall be executed in duplicate and shall briefly set forth the name of the patient, the dates of reception and removal, and the facts making necessary such removal. One of such duplicates shall be filed in the records of such hospital and shall be preserved for a period of not less than three years. The remaining duplicates shall accompany the patient so removed to his place of destination and be there delivered to the person or official into whose care such patient is turned over. It shall be the duty of every such superintendent or other person ordering such removal to require compliance with the provisions of this section as to execution, filing and delivery of such certificate.
- Every superintendent or other person in authority in a hospital in the City, who shall violate any of the provisions of this section, shall be subject to a penalty of not exceeding one hundred dollars for each and every offense.

Plaza Jr  
Benjamin  
Q794825  
QB300479155  
Transfer Out Documents  
Mon Jun 30, 2008 02:39  
Page 003

**NEW YORK STATE DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES DEVELOPMENT PROGRAM  
TRANSFER INFORMATION**

Public Health Law 2805-b2 (c) requires that (in New York City):

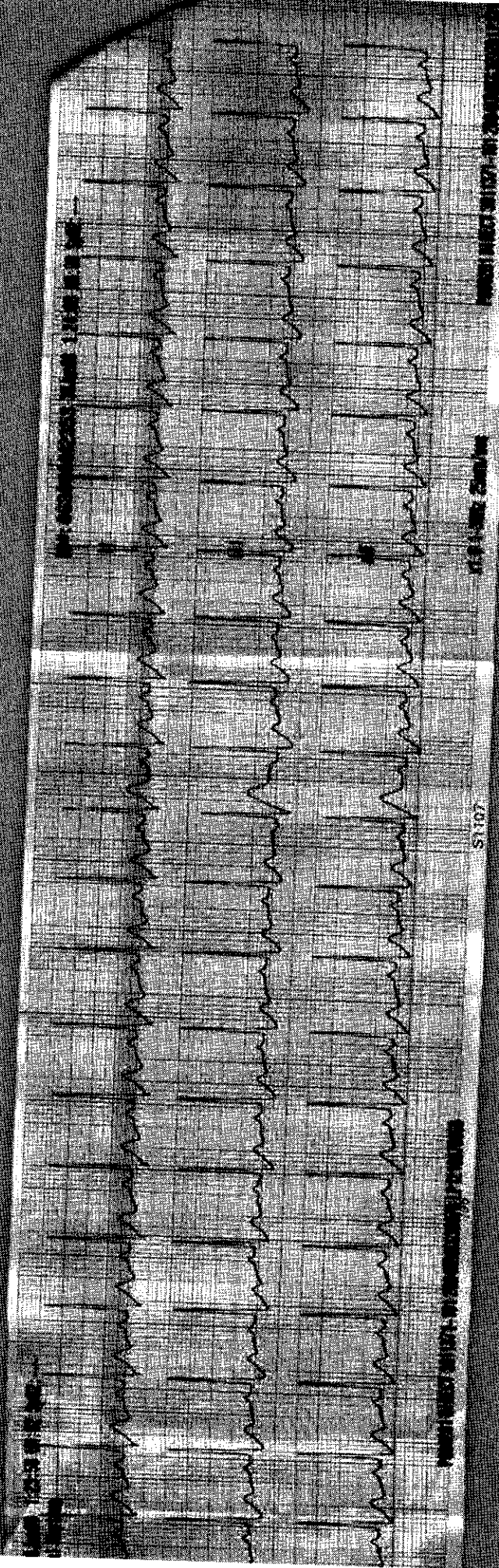
"Whenever a previously stabilized emergency room patient is thereafter transferred for medical care to another location by means of an ambulance from which the patient is transferred shall determine that a receiving hospital is available and willing to receive such patient and that an attending physician thereof is available and willing to receive such patient. Just prior to the transfer, the emergency medical technician or paramedic assigned to accompany the patient in the ambulance shall be provided with a completed form."

PATIENT'S NAME Plaza Jr, Benjamin DATE OF TRANSFER 6/20/08  
ADDRESS 1988 78th Street  
CITY East Elmhurst STATE NY ZIP CODE 11370 TIME OF TRANSFER 3:30 PM  
DIAGNOSED CONDITION MANIBLE FRACTURE  
- SEE MPI -  
TREATMENT ADMINISTERED - SEE MPI -  
MEDICATION ADMINISTERED - SEE MPI -  
NAME OF PHYSICIAN ORDERING TRANSFER CHAUENNY  
HOSPITAL ORIGINATING TRANSFER THE MOUNT SINAI HOSPITAL OF QUEENS  
ADDRESS 25-10 30 AVENUE LONG ISLAND CITY, NY 11102  
SIGNATURE OF PHYSICIAN ORDERING TRANSFER [Signature]  
AMBULANCE SERVICE TRANSPORTING

A copy of this form must be maintained on file by the transferring and destination hospitals and the ambulance service.









THE MOUNT SINAI QUEENS HOSPITAL  
Astoria, New York  
RADIOLOGY CONSULTATION

Dis  
6/29/08

Plaza Jr  
Benjamin  
Q794825  
QB300479155  
Radiology Results  
Tue Jul 01, 2008 12:57  
Page 001

PT NAME: PLAZA JR, BENJAMIN

M/25 Years

Rt Loc: QRR

UNIT NO: D432553 Requested by: Chaudhry, Ahmed  
Request Loc: QRR

ID: 800224

CT No Contrast Head

30-Jun-2008 A: 4304605

CT of the head:

Clinical history: Evaluate for bleed

Technique: Serial axial images of the head were obtained from the  
skull base to the vertex.  
Comparison: None

Findings: The cortical sulcal pattern is appropriate for the  
patient's age. The ventricles are not dilated out of proportion  
to the sulci. There is no acute intracranial hemorrhage or  
abnormal extra axial collection. There is no evidence of focal  
mass or mass effect. There is no evidence of acute  
cortically-based infarct.

The visualized orbits are unremarkable. An air fluid level is  
seen within the left maxillary sinus which may be compatible with  
acute sinusitis in the proper clinical setting.

Impression: The brain is unremarkable. A left maxillary sinus  
air-fluid level is noted.

Attending Radiologist: Michael Md Rhee

Dictated on:

Finalized on: 30-Jun-2008 10:47 AM  
Michael Md Rhee

Transcribed by: Commisure Interface

Transcribed on: 30-Jun-2008 10:47 AM  
/by/ MMR

CHART COPY



Plaza Jr  
Benjamin  
Q794825  
QB300479155  
Radiology Results  
Tue Jul 01, 2008 12:57  
Page 002

**Patient Information**

MRN: D-02553 Name: PLAZA JR BENJAMIN  
DOB: 10/05/1982 Sex: M

**Study Information**

|                       |                |                    |                              |
|-----------------------|----------------|--------------------|------------------------------|
| Accession #:          | 4304605        | Study Description: | Head^01_ROUTINE_HEAD (Adult) |
| Procedure Start Date: | 06/30/2008     | Modality:          | CT                           |
| Procedure Start Time: | 00:09          | Station:           | CT39241                      |
| Referring Physician:  | CHAUDHRY AHMED |                    |                              |

**Comments:**

(Login ID: jlditzenbergermd) wrote on 06/30/2008 at 00:29:  
THIS IS A PRELIMINARY REPORT FROM IMAGING. ON CALL.

Patient: Plaza Jr Benjamin

CT head without contrast, 31 images.

**Findings:**

no intra or extra-axial hemorrhage.  
No mass lesion or midline shift.  
Normal gray white matter differentiation.  
The ventricles are within normal limits for age.  
Small fluid level in the visualized left maxillary sinus.

J.E.Ditzenberger, MD 1-866-717-3627

Close

**Mount Sinai of Queens****EMERGENCY FLOW SHEET RECORD****Name: Plaza Jr, Benjamin Age: 25Y MR: Q794825 Acct: QB300479155****VITAL SIGNS**

| User | Date/Time              | BP     | PULSE | RESP | TEMP | PAIN | O2 SAT | TIME |
|------|------------------------|--------|-------|------|------|------|--------|------|
| NAR2 | Mon Jun 30, 2008 02:30 | 112/68 | 68    | 18   |      | 0    | 98     |      |
| NLM  | Sun Jun 29, 2008 23:35 | 58/28  | 51    | 20   |      |      |        |      |

**Name: Plaza Jr, Benjamin Age: 25Y MR: Q794825 Acct: QB300479155****Prepared: Fri Apr 3 14:07:35 2009 by MIB****Page: 1**

## MOUNT SINAI OF QUEENS PRIMARY

Plaza Jr, Benjamin  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: Q794825  
AcctNum: QB300479155

### Patient Data

**Complaint:** Jaw Fx – Assault  
**Triage Time:** Sun Jun 29, 2008 23:35  
**Urgency:** 01–Emergent  
**Bed:** ED HOLD  
**Initial Vital Signs:**  
**BP:** 58/28  
**P:** 51

**R:** 20  
**T:**

**ED Attending:** Chaudhry, DO, Ahmed  
**Primary RN:** Pusey, RN, Lynda

**O2 sat:**  
**Pain:**

### IMAGING

**\*AUTH FOR ED CARE/FINANCE:** Image captured from scanner. (23:44 RBF)  
**\*FACE SHEET:** Image captured from scanner. (23:44 RBF)  
**TRANSFER OUT DOCUMENTS:** Image captured from scanner. (Mon Jun 30, 2008 02:39 CJS)  
Page 002 added Image captured from scanner. (Mon Jun 30, 2008 02:40 CJS)  
Page 003 added Image captured from scanner. (Mon Jun 30, 2008 02:40 CJS)  
**\*AMBULANCE RUN SHEET:** Image captured from scanner. (Mon Jun 30, 2008 09:30 FJR2)  
**RHYTHM STRIP:** Image captured from scanner. (Mon Jun 30, 2008 09:30 FJR2)  
**RADIOLOGY RESULTS:** Image captured from scanner. (Tue Jul 01, 2008 12:57 MJS)  
Page 002 added Image captured from scanner. (Tue Jul 01, 2008 12:58 MJS)

### VITAL SIGNS

**VITAL SIGNS:** BP: 58/28, Pulse: 51, Resp: 20. (Sun Jun 29, 2008 23:35 NLM)  
BP: 112/68, Pulse: 68, Resp: 18, Pain: 0, O2 sat: 98. (Mon Jun 30, 2008 02:30 NAR2)

### TRIAGE (Sun Jun 29, 2008 23:35 NLM)

**PATIENT:** NAME: Benjamin Plaza Jr, AGE: 25, GENDER: male, DOB: Tue Oct 05 1982, TIME OF GREET: Sun Jun 29 2008 23:12, Fall Risk: YES – Alert Band Applied, MEDICAL RECORD NUMBER: Q794825, ACCOUNT NUMBER: QB300479155.  
**PREVIOUS VISIT ALLERGIES:** Nkda.  
**ADMISSION:** URGENCY: 01–Emergent, BED: WAIT.  
**VITAL SIGNS:** BP 58/28, Pulse 51, Resp 20.  
**COMPLAINT:** COMPLAINT: Jaw Fx – Assault.  
**ASSESSMENT:** Triage assessment performed.

### KNOWN ALLERGIES

Nkda.

### DIAGNOSIS (Mon Jun 30, 2008 02:11 AAC)

**FINAL:** PRIMARY: Mandible fracture, ADDITIONAL: ear laceration s/p VOV.

### DISPOSITION

**PATIENT:** Disposition: Transfer MSM Adult ER, Condition: Guarded. (Mon Jun 30, 2008 02:11 AAC)  
Remove from ER. (Mon Jun 30, 2008 03:57 NAR2)

### HISTORY

**MEDICAL HISTORY:** No past medical history, No past medical history. Past medical history is not significant. (Sun Jun 29, 2008 23:35 NLM)

**SURGICAL HISTORY:** Patient has had no previous surgical history, rt shoulder. (Sun Jun 29, 2008 23:35 NLM)

**MOUNT SINAI OF QUEENS  
PRIMARY**

**Plaza Jr, Benjamin**  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: Q794825  
AcctNum: QB300479155

**PSYCHIATRIC HISTORY:** No history of anxiety, No history of bipolar, No history of depression, No history of suicidal ideation, No history of suicide attempts, No history of psychosis, No history of hallucinations, No history of homicidal ideation, No history of violence toward others, No history of schizophrenia. (Sun Jun 29, 2008 23:35 NLM)

**SOCIAL HISTORY:** Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse. (Sun Jun 29, 2008 23:35 NLM)

**MEDICAL HISTORY:** No past medical history. (Mon Jun 30, 2008 00:17 AAC)

**SURGICAL HISTORY:** Patient's previous surgical history is not relevant to the case, **R shoulder surgery.** (Mon Jun 30, 2008 00:17 AAC)

**SOCIAL HISTORY:** Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse. (Mon Jun 30, 2008 00:17 AAC)

**FAMILY HISTORY:** Family history is not contributory to this case. (Mon Jun 30, 2008 00:17 AAC)

**NOTES:** Nursing records reviewed. (Mon Jun 30, 2008 00:17 AAC)

**CURRENT MEDICATIONS** (23:35 NLM)

*Not Taking Medication*

**HPI HEAD INJURY** (Mon Jun 30, 2008 00:17 AAC)

**CHIEF COMPLAINT:** Patient presents for the evaluation of **head injury.**

**HISTORIAN:** History obtained from patient.

**OCCURRED:** Onset was **10:30 PM** tonite, Patient currently has symptoms, Complaint is persistent, attacked.

**MECHANISM:** Complaint occurred by **blunt trauma, direct blow.**

**QUALITY:** Patient describes pain as **aching**, Open wound is, Length: **2.6–4.0cm**, Depth: **Through dermis, R auricular laceration.**

**ASSOCIATED WITH:** Patient denies headache, Patient denies dizziness, Patient denies blurred vision, Patient denies vomiting, Patient denies nausea, Alcohol: Denies, LOC: none, GCS: 15.

**SEVERITY:** Maximum severity is **moderate**, Currently symptoms are **moderate.**

**EXACERBATED BY:** Patient's condition exacerbated by **opening mouth.**

**RELIEVED BY:** Patient's condition relieved by **nothing.**

**RISK FACTORS:** Intracranial Bleed Risk Factors: None.

**NOTES:** **No head ache or neck pain. No chest pain or SOB. No extremity pain.**

**ROS** (Mon Jun 30, 2008 00:18 AAC)

**CONSTITUTIONAL:** No fever, No chills, No fatigue.

**EYES:** No eye pain, No eye discharge.

**ENT:** No dysphagia, No drooling.

**CARDIOVASCULAR:** No diaphoresis, No chest pain.

**RESPIRATORY:** No Cough, No SOB.

**GI:** No abdominal pain, No nausea, No vomiting.

**MUSCULOSKELETAL:** **Historian reports arthralgias**, No back pain.

**SKIN:** **Historian reports skin lesions**, No cellulitis.

**NEUROLOGIC:** No dizziness, No focal weakness.

**ALLERGIC/IMMUNOLOGIC:** No hives, No eczema.

**PSYCHIATRIC:** No IV drug abuse, No marijuana abuse, No alcohol abuse.

**PHYSICAL EXAM** (Mon Jun 30, 2008 00:19 AAC)

**CONSTITUTIONAL:** Patient is afebrile, Vital signs reviewed, Patient has normal blood pressure, Patient has



**MOUNT SINAI OF QUEENS  
PRIMARY**

**Plaza Jr, Benjamin**  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: Q794825  
AcctNum: QB300479155

normal respiratory rate, Well appearing, Alert and oriented X 3, **Patient has moderate pain distress.**

**HEAD:** Atraumatic, Normocephalic.

**EYES:** Eyes are normal to inspection, Pupils equal, round and reactive to light, No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.

**ENT:** Ears normal to inspection, Nose examination normal, Posterior pharynx normal, **L depressed jaw fracture (incisors on L depressed), L mandible body and angle ttp.**

**NECK:** Normal ROM, No jugular venous distention, No meningeal signs, Cervical spine nontender.

**RESPIRATORY CHEST:** Chest is nontender, Breath sounds normal, No respiratory distress.

**CARDIOVASCULAR:** RRR, No murmurs, Normal S1 S2.

**ABDOMEN:** Abdomen is nontender, No masses, No distension, No peritoneal signs.

**BACK:** There is no CVA Tenderness, There is no tenderness to palpation, Normal inspection.

**UPPER EXTREMITY:** Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion.

**LOWER EXTREMITY:** Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion, No calf tenderness.

**NEURO:** GCS is 15, No focal motor deficits, No focal sensory deficits, Speech normal, Gait normal, Memory normal.

**SKIN:** Patient denies pain to skin, Skin warm and dry.

**PSYCHIATRIC:** Oriented X 3, Normal affect, Normal insight, Normal concentration.

**LAB INTERPRETATION** (Mon Jun 30, 2008 02:19 AAC)

**INTERPRETATION:** I reviewed the lab results.

**RADIOLOGY INTERPRETATION**

**HEAD:** Radiological interpretation of the mandible shows, **+ symphysis and L ramus fracture**, Interpretation of the Head CT shows. (Mon Jun 30, 2008 02:21 AAC)

**NOTES: Patient: Plaza Jr Benjamin**

**CT head without contrast, 31 images.**

**Findings:**

**no intra or extra-axial hemorrhage.**

**No mass lesion or midline shift.**

**Normal gray white matter differentiation.**

**The ventricles are within normal limits for age.**

**Small fluid level in the visualized left maxillary sinus**

**J.E.Ditzenberger, MD 1-866-717-3627.** (Mon Jun 30, 2008 02:20 AAC)

**LACERATION** (Mon Jun 30, 2008 03:05 PJA)

**TIME OUT:** Side/site verified, Patient identification confirmed, Maximum sterile procedures observed.

**PRIOR TO PROCEDURE:** Verbal consent obtained, Performed by physician extender, I was present for the entire procedure, I was present for the key portions of the procedure, Patient prepped and draped in usual sterile fashion, Anesthetic used, Anesthetic type is local infiltration, Medication used is 1% LIDOCAINE without epinephrine, 10ml, No foreign body, No contamination, Deep structures intact, No bony deformity, No edema, No ecchymosis, Irrigated with normal saline, Irrigated with 400, ml of normal saline, **LACERATION REPAIR:**, Simple (single layer only) repair of, **right ear laceration**, total length 6.0cm, Skin layer closed with 6.0, Nylon, Interrupted, Wound well approximated, Abx ointment applied, There are no complications, Patient tolerated procedure

# **MOUNT SINAI OF QUEENS PRIMARY**

**Plaza Jr, Benjamin**  
**DOB: 10/5/1982 M25**  
**Wt/Ht:**  
**MedRec: Q794825**  
**AcctNum: QB300479155**

well, RIGHT EAR WITH 2 CM LACERATION TO ANTERIOR DISTAL AURICLE 7 SUTURES USED TO APPROXIMATE WOUND. POSTERIOR DISTAL AURICLE 2.5CM, 5 SUTURES USED TO APPROX. WOUND. PT ALSO HAS TWO LINEAR LACERATIONS TO BASE OF POSTERIOR AURICLE EACH 0.75CM, 2 SUTURES PLACED IN EACH WOUND TO REAPPROXIMATE. NO COMPLICATIONS. ALL SUTURES THAT WERE PLACED WERE NYLON 6-0.

**ATTENDING** (Wed Jul 16, 2008 16:25 AAC)

**ADDITIONAL NOTES:** 25 y/o M transferred to MSM for mandible fracture.

## **DOCTOR NOTES**

**TEXT:** Repeat BP 95 systolic, IVF ordered. (Mon Jun 30, 2008 00:19 AAC)

Case d.w Dr. Montenpour (OMFS) will see patient (MSM), vcase d/we Dr. Patel (ED), will accept for transfer.

(Mon Jun 30, 2008 02:20 AAC)

repeat vitals noted. (Mon Jun 30, 2008 02:37 AAC)

## **MEDICATION ADMINISTRATION SUMMARY** (Fri Apr 03, 2009 14:07)

| Drug Name                         | Dose              | Route       | Status | Time            |
|-----------------------------------|-------------------|-------------|--------|-----------------|
| Morphine Sulfate                  | 2 milligram(s)    | IV Push     | Given  | 02:15 6/30/2008 |
| Clindamycin Phosphate             | 600 milligram(s)  | IV infusion | Given  | 01:12 6/30/2008 |
| Tetanus-Diphtheria Toxoids, Adult | 0.5 milliliter(s) | IM          | Given  | 01:12 6/30/2008 |

Detailed record available in Medication Service section.

## **NURSING PROCEDURE: TRANSPORT TO TESTS** (Mon Jun 30, 2008 01:23 TFB)

**TIME:** Patient's identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, Procedure was performed at 00:30am, Patient transported to, CT scan, Patient transported via, cart, Patient accompanied by, ER tech, After procedure, patient returned to ED at 01:00am, Patient tolerated procedure well.  
**SAFETY:** Side rails up, Cart in lowest position, Family at bedside.

## **NURSING PROCEDURE: TRANSPORT TO TESTS** (Mon Jun 30, 2008 01:24 TFB)

**TIME:** Patient's identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, Procedure was performed at 01:20am, Patient transported to, X-ray, Patient transported via, cart, Patient accompanied by, ER tech, After procedure, patient returned to ED at 01:23am, Patient tolerated procedure well.  
**SAFETY:** Side rails up, Cart in lowest position, Family at bedside.

## **NURSING PROCEDURE: TRANSFER** (Mon Jun 30, 2008 03:56 NAR2)

**PROCEDURE:** Patient transferred at 3:30am, Diagnosis is fx of mandibula, Accepting institution: MSHM, Referring physician: chaudry, Mode of transport: Ambulance, urgent, Report called to ER, Emotional support needed and given.

**BELONGINGS:** Belongings are with the patient.

**EQUIPMENT WITH PATIENT:** Patient left the emergency department at 3:30am.

**SAFETY:** Side rails up, Cart in lowest position.

## **NURSING PROCEDURE: IV** (Mon Jun 30, 2008 03:57 NAR2)

**TIME:** Patient's identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, IV established, 20 gauge catheter inserted, into left antecubital, Saline lock established, flushed with normal saline, Labs drawn at time of placement, Specimen labeled in the presence of the patient and sent to

**MOUNT SINAI OF QUEENS  
PRIMARY**

**Plaza Jr, Benjamin**  
DOB: 10/5/1982 M25  
Wt/Ht:  
MedRec: Q794825  
AcctNum: QB300479155

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**TFB=Barbosa,ORD, Fauaro**